

Woodstock Recreation Presents
2022 Winter Volleyball
at The Pomfret Prep School

VOLLEYBALL CLINIC: Develop and improve your skills as you practice and scrimmage over 8 weeks this winter. This season we will be offering two sessions with 2 courts allowing for varying ability/experience.

Session 1: Players looking to learn and improve the skills of the game, having 1 year or less of competitive Volleyball experience.

Session 2: geared towards advanced players with at least one-year of JV/Varsity team experience.

DATES: 8 Sundays Jan. 9, 16, 23, 30, Feb. 6, 13, 20, 27 **Snow dates:** March 6 and 13

TIME: Session 1: 12:00-1:30pm / Session 2: 1:30-3:00pm

LOCATION: Pomfret Prep School Gym

WHO: Girls and Boys entering Grades 5-12

PRICE: \$150

Family Discounts available, call for details.

* The camp will take place in the Pomfret Prep Corzine Athletic complex (take the North entrance, 43 Brown St.)

Director & Coach: Jeff Boshka, Former Woodstock Academy Head Volleyball Coach 25 years experience
USA Coaches Accreditation Program Certified

Questions? H#963-2680, C# (401)864-5283 or E-mail: **jboshka@gmail.com**

WINTER VOLLEYBALL REGISTRATION FORM

Name: _____ **Phone:** _____

Mailing Address: _____

Name of School you attend: _____ **Entering Grade:** _____

Age: _____ **Session:** _____ **Phone:** _____

Email address: _____

The above-named child has my permission to participate in the Volleyball Camp. In case of emergency, I understand every attempt will be made to contact me. If I cannot be reached, I hereby give my permission to the director to obtain, through a physician, or a hospital of choice such medical care as is necessary for the welfare of my child. Any expense arising from injury or illness is the responsibility of parents or their insurance coverage. I will assume all risks and hazards incidental to participation in the Volleyball Camp, including transportation to and from the clinic and will release Woodstock Recreation Department, Pomfret Prep School, and the organizers, coaches, and volunteers of the clinic from all liability which may arise by or in connection with participation of my child. We/I understand all risks associated with the program and will not hold the Town or Pomfret Prep School liable if my child contracts COVID-19. We/I agree to abide by all State and Federal COVID-19 guidelines followed by this program. If experiencing any symptoms of COVID-19 (examples include fever, cough, shortness of breath, etc.) child will not participate in the Volleyball Camp program.

I do _____ do not _____ allow my child to be photographed for recreation fliers, Facebook, advertising, etc.

Signature of Parent/Guardian: _____ Date: _____

Home Phone: _____ Cell Phone: _____

RETURN COMPLETED FORM AND CHECK payable to:
Woodstock Recreation Department, 415 Route 169, Woodstock CT 06281

PAID: Amount: _____ Cash: _____ Check: _____ Check Number: _____